



# Payroll Deduction Form

SCHOOL OF LAW

## EMPLOYEE INFORMATION

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PAYROLL DEDUCTION OPTIONS\*

1.  **Continuous** \*\* I would like \$ \_\_\_\_\_ taken out of each pay period.

Please indicate your pay schedule.

Bi-weekly (staff)

Monthly (faculty)

2.  **Pledge** I pledge (Total Amount) \$ \_\_\_\_\_ payable over the next \_\_\_\_\_ pay periods.

Please indicate your pay schedule.

Bi-weekly (staff)

Monthly (faculty)

3.  **1-time deduction** for the amount of \$ \_\_\_\_\_.

**This is a joint gift with my spouse.**

Spouse Name \_\_\_\_\_

My spouse works for a matching gift company. (Enclose form)

Company Name \_\_\_\_\_

**I prefer my name/gift remain anonymous.**

*\*Please allow 1-2 pay periods for deductions to begin.*

*\*\*This will set your gift to be continuously deducted year after year without having to renew your pledge.*

## GIFT DESIGNATION

I would like to designate my gift:

- to the Dean's Discretionary Fund (highest priorities of the law school)
- to the Loan Forgiveness and Repayment Program
- to the Center for Advocacy (Circle of Advocates Scholarship Fund)
- to Scholarship Support for Law Students
- to the Civitas ChildLaw Center
- to the Beazley Institute for Health Law and Policy
- to Other \_\_\_\_\_

Multiple checked boxes will divide gift evenly among all selected funds, unless otherwise specified.

Please mail your completed form to:

**Rachel Lionberg**  
**Associate Director of Development**  
**25 East Pearson, Room 1464**  
**Chicago, IL 60611**

*Please contact Rachel Lionberg, Associate Director of Development, at [rlionbe@luc.edu](mailto:rlionbe@luc.edu) or 312.915.7741 with any questions.*